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## ABSTRACT

A project was designed to reduce the turnover of direct care staff in a community-based residential facility that provides a home and educational or adult day training services for 54 severely or profoundly mentally and physically handicapped children and adults. The project sought to reduce total staff turnover by 40%, reduce employee terminations by 20%, demonstrate a 20% reduction in resignations that are due to client frustration, improve the staff's client interaction skills, and increase the staff's knowledge about the target population. Causes of voluntary resignations of staff were analyzed, and these factors were considered in the development of a 40-hour orientation program. The program focused on increasing staff self-awareness and broadening knowledge of the agency and target population, and used a variety of learning modes including on-the-job training. The turnover reduction objective was not met, but other objectives were successfully met or surpassed. Includes eight references. (JDD)

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Implementation of an Initial Training Program for New  
Employees in a Profoundly Mentally and Physically  
Handicapped Children and Adult Residential Facility.

by

Linda A. Hoeft

Cohort XXXII

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for the degree of Master of Science

NOVA UNIVERSITY

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October 6, 1989  
Date

Ginda A. Hoyt  
Signature of Student

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## ABSTRACT

AUTHOR                    Hoeft, Linda A.

TITLE                    Implementation of an Initial Training  
Program for New Employees in a  
Profoundly Mentally and Physically  
Handicapped Children and Adult  
Residential Facility.

DATE                     1989, October

DESCRIPTORS             \*Orientation: Training/Direct Care  
Staff,    \*Severe/Profound Mental  
Retardation: Inservice/Job Adjustment  
\*Entry Level Staff: Initial Training/  
Job Skill Development, \*Reduction of  
Turnover: Reduction of Anxiety-Job  
Related/Development of Competent Staff.

This report provides information on a project designed to reduce the turnover of direct care staff in a community based residential facility. The project covers the development and institution of a 40 hour orientation program focusing on staff self-awareness and broadening knowledge of the agency and population to be served. This program combined instruction using a variety of learning modes and on-the-job training. The project setting is a private non-profit community based residential facility that provides a home, educational and adult day training services for 54 severely or profoundly mentally and physically handicapped children and adults. The difficulty of attracting, training and retaining direct care staff is outlined and the data on the frequency and reasons for staff turnover is discussed. The proposed training and evaluation plans are described along with the identification of program staff.

## Chapter 1

### INTRODUCTION

#### Writer's Setting

An agency housed in a small rural community is unique to both the immediate area and to the entire state, as it is known for serving the most difficult to place persons within the state. Each of the 54 residents and the three day students function within the severe to profound range of mental retardation as determined by cognitive and adaptive skill testing. This agency was established 20 years ago and has continued to grow and develop to provide the continuum of service needs to the people served. Currently there are four children's homes, licensed as Comprehensive Foster Care, providing a home to 29 children. In addition, three adult homes, licensed as Intermediate Care Facilities for the Mentally Retarded were built to serve 24 adults. This agency also provides for the day training needs of all residents. The 25 residents under the age of 21, plus three day students from the community attend an agency run private school with four state approved and licensed teachers. The 23 adults over the age of 21 attend vocational and social training in two adult day training centers also run by the agency.

Due to the severity of the mental, physical and medical condition of the clients, three shifts of awake

staff are needed to provide the training and habilitation services. During the normal waking hours, a minimum of staff to client ratio of one to three is maintained. During sleeping hours, a minimum of one to four staff to client ratio is kept. In addition to the direct care and teaching staff, this agency provides 24 hour a day health care service, dietary, housekeeping, maintenance, transportation and clerical staff. To meet the outlined services, an average of 160 full time positions are maintained. This agency's community is located in a predominately agricultural area that also supports four large and stable factories. The community at large is very supportive of the clientele and the agency. Residents are often known by name and are welcome in all places of business. As a community based facility, there is a strong focus on integration and non-handicapped peer interaction. Historically the agency has done little fund raising or donation solicitation. Thus less than one percent of total income is derived from gifts. The community support is mostly social.

#### Writer's Role

The writer's title within the agency is the Director of the Program Services Department. As director, authority rests over the seven residential units, four classrooms, and two day centers. All of the direct care staff, their

selection, training, evaluation and discipline fall under the discretion of this writer and the three coordinators that work closely with the director. The Program Services Department is made up of roughly 120 of the 160 employees. This writer is actively involved with agency public relations, communications with parents and other organizations and in the development of the Program Services budget. The number of staff assigned to a shift and area requires prior approval of this writer. The agency is a non-profit organization, headed by a board of directors and an executive director.

## Chapter 2

### STUDY OF THE PROBLEM

#### Problem Definition

Direct care staff need a variety of technological and humanistic skills to be an effective provider. The development of these skills requires time, trainers, progressive training techniques and commitment. Each time a staff member resigns, the cost to the agency is large in terms of money, program and morale. The dollar cost of selecting, checking references, developing benefit packages and training each staff person is enormous. With each turnover, the programmatic cost is to the level of training and habilitation provided the residents. Remaining staff are diverted by picking up extra duties and training new members. Last, but by no means least, morale is severely affected. For the staff selecting and scheduling each shift, the day-to-day battle is draining. For direct care staff and clients, attitude and commitment are affected by consistent staff changes.

In the area of the agency, unemployment is low. It is difficult for all businesses to compete for the limited labor force. This problem is compounded by the nature of the work performed at the agency. It is difficult for people to start working with totally dependent children and

adults. With 24 hour awake supervision required, it is very hard to fill second and third shift positions. In addition, weekend and holiday coverage is mandatory making the position less appealing. Compounding these factors are the financial limitations under which the agency operates. As a private non-profit agency, dollars are limited to federal, state and county restricted amounts. Factories in the area are able to employ unskilled laborers at a much higher rate of pay and can provide a more extensive benefit package. Clearly, an agency should not expect a turnover rate to a degree where program quality is jeopardized. Once staff have been selected and trained, they should be equipped with the necessary skills to maintain their position and grow through their employment. Turnover should be low, staff should feel a self satisfaction with their job and with their role within the agency. Reasons for staff turnover should be directed to conditions the agency has little control over. The need to terminate staff should be infrequent and the grounds clearly defined at the onset of employment.

After comparing the conditions currently within the agency to the picture of what should be, this writer identified the problem as staff turnover causing serious problems for the agency financially, programmatically and in maintaining staff moral.

### Evidence

Though the administrative staff of this facility were aware of the turnover problem, the results of tabulated data surprised everyone. Employment records from the past six months were pulled and analyzed in the area of staff turnover. Data showed a shocking overall turnover rate, including terminations, transfers and voluntary resignations of 53 percent (Appendix A:34). Of the three categories identified, transfers out of the department were the smallest and of a lesser concern. These people remained with the agency, but moved to a support department. Only three percent of the staff turnover was to another department. Much more alarming is the fact that 18 percent of the staff were terminated and 30 percent resigned voluntarily.

Exit interviews were completed on 85 percent of people who voluntarily resigned or were terminated. In response to the reason for resignation, 42 percent indicated frustration with client behavior or stress of compliance with active treatment requirements. 23 percent indicated they did not anticipate the clients to be as impaired as they were. These staff indicated that they were not cut out for this type of work. The remaining 24 percent indicated reasons beyond the control of the agency. Examples of these include: family relocation, return to college, change in family status or they were offered a

job at a higher rate of pay (Appendix B:35). Until this survey, the exit interviews were filled out and kept on file. These documents were, however, not compiled or the data analyzed to identify patterns of problem areas. The turnover data further indicated that 64 percent of the turnover and terminations were in the first three months of employment.

Another method of documenting the problem with staff training and commitment was the result of weekly active treatment evaluations. These were completed each week on all direct care staff by their direct supervisor to measure their knowledge of client information and job responsibilities. The analysis of the surveys completed on the staff that were terminated or resigned showed that in 45 percent of the cases, there was no improvement in performance over the first three month period (Appendix C:37).

To secure additional information, the supervisors of the staff that left employment were interviewed. Three common themes among their comments included: lack of commitment to clients and agency, lack of knowledge about the population being served and the stress of active treatment.

#### Analysis of Causes

Looking at each identified cause in depth, the most recurrent was the lack of commitment to clients and

agency. Supervisors felt staff members are too often putting in their hours only to earn a wage. Creative energy is focused on how to avoid a task instead of how to develop a rapport with residents. The staff did not seem to understand the significance of their contact with residents and their effect on the habilitation and training system. There appears to be a lack of respect for clients, peers and supervisors. The staff are often unwilling to be flexible in accepting assigned tasks.

Somewhere in the orientation process, the emphasis and the importance of the direct care role was lost. The philosophy and mission of the agency was not being clearly defined. In an agency that constantly fights staffing problems, orientation had become a step to get people out on the units, instead of a tool to develop the skills needed to train and habilitate clients. The high number of terminations were the result of failure to report to work, inappropriate response to clients and the inability to perform job duties. These roles and responsibilities were quickly covered as pieces of information and not explained in depth. Staff had assumed the agency is in such desperate need of staff that they could take liberties with the established policies.

Another area that received much comment was the lack of knowledge about the population being served. New staff were unprepared for the severity of handicapping conditions

they encountered. Most training occurred on-site as hands on experience, instead of preparation before being placed with residents. This style of training can be overwhelming. Training in a classroom setting can not replace actual experience, but it does provide the knowledge and the support system to help staff deal with the situation. Often trainees were hesitant to ask questions on site and the trainers have been involved with the clientele so long they overlook the uniqueness of the behaviors and equipment. For example, self injurious behaviors are totally unexpected to a new staff person. Without prior training to the observation of such an incident, the response from the staff could be detrimental to their performance.

A third concern was the stress of providing active treatment. Active treatment is a term used by Federal Regulatory Standards for Intermediate Care Facilities for the Mentally Retarded. Components of active treatment include: protection from harm, intervention on all maladaptive behaviors and a structured schedule of constant interaction. To work an eight hour shift, or longer, providing active treatment requires creativity, organization, team cooperation and a lot of hard work. Based on interviews of the most recent employees to be hired, 83 percent came to the orientation with the basic assumption that the facility provided glorified baby

sitting services. If not clearly defined and practiced, the stress of attempting active treatment was overwhelming. Without training, staff could not understand why nurturing and caring is not enough. The progressive training and habilitation concepts are complex and need direction to learn. Up until this point, the agency had handled orientation in a very relaxed manner. The administrative staff see the correlation between poor staff training and poor staff development and retention. Based on input from all department heads, all areas of the facility are committed to developing a sound orientation program.

#### Relationship to the Literature

According to Bruininks, Kudlay, Wiench and Hauber (1980:125) "Direct care staff turnover is reported to be one of the most serious problems in the provision of residential care." Employee stability in community residential facilities serving mentally retarded persons has been the topic of many studies for a long time. George and Baumeister (1981:640) state, "The assumption inherent in the research is that organizations that are characterized by an unstable work force engender unfavorable working environments and, therefore, cannot function effectively to achieve their goals." "Small community based facilities are not alone in the fight.", based on findings of Zaharia and Baumeister (1978:589). A

sample was done among 2,000 community residential facility administrators. According to George and Baumeister (1981:640), "84 percent reported that recruitment, training and staff turnover were the major problems in operating and maintaining their facilities." On a state wide level, through the use of a telephone interview, seven of ten agencies concurred that staff turnover and shortages were the number one concern plaguing residential facilities for the mentally retarded (Appendix D:40). Staff turnover problems have been treated in a variety of methods. In a study Larkin (1981:51) identified one of the primary training problems "a major problem springs from the varying degrees of handicaps and multiplicity of disabilities found in settings for severely handicapped children." Numerous sources agree that in the field of youth and child care there is indeed great concern over the alarmingly high turnover rate. Cope, Grossnickle, Covington and Durham (1987:152) intensely studied the performance rate of those staff who did leave employment in the youth and child care field quickly. "Assuming that low performance can lead to job friction, dissatisfaction, and actual termination, it was not surprising that there was also research indicating that low performers were more likely to leave the organization." Through numerous studies reviewed, a vast quantity of factors have been identified and investigated. A primary and recurring factor leading to turnover was the limited training given prior to starting job duties.

## Chapter 3

### GOALS AND OBJECTIVES

#### Goals and Objectives

After identifying and examining the variables, the primary goal for this agency was to reduce staff turnover.

Identified objectives were as follows:

1) Over a period of three months, total staff turnover rate will be reduced by 40 percent, as evidenced by personnel records.

2) Over a period of three months, staff commitment to the clients and agency will improve, as demonstrated by a 20 percent reduction in terminations of employment. This will be measured by the responses from exit interviews.

3) Over a period of three months, exit interviews of staff turnover will show a 20 percent reduction in resignations due to client frustration.

4) Over a period of three months, newly trained staff will improve their client interaction skills by five points on the active treatment evaluation forms.

5) Over a period of three months, newly trained staff will demonstrate a 40 percent higher level of knowledge about the population being served, based on pre-orientation and post-orientation test results.

#### Evaluation Method

The evaluation techniques chosen included review of

records, development of pre-test and post-test, use of active treatment evaluations and the use of exit interviews. The agency currently keeps personnel records and uses exit interviews and active treatment evaluations. There is a developed system in place for these records and the use of them would require no additional staff, work or training. The information gathered was used and analyzed and effectively compared to past data. Review of existing records provided the information necessary to tabulate the success of objective number one; staff turnover, objective number two; termination rate, and objective number three; resignation rate.

The development of a pre-test and post-test gave a concrete measure of new staff entry level knowledge and a variable to measure training against. In addition, the post-test identified areas within the training module that needed refinement. The testing component was chosen to provide measurable feedback on staff development. Using the results, we can better define where instruction should begin for new employees, and will in addition, show us if our instruction modes were successful. Having information that is observable and measurable in contrast to subjective information is essential to determining our progress.

## Chapter 4

### SOLUTION STRATEGIES

#### Information Collection

"Training is not identical with education, though the two are intimately related. A rough and ready characterization of the difference is that, while education is traditionally concerned with imparting knowledge, training is concerned with imparting knowledge along with skills and attitudes." Ouderkirk (1980:221). The difference between training and education was the focus of the Ouderkirk study. Though this study was based on a three week model, compared to an eight to ten week project, the focus is on increasing self-awareness of the human service profession. From the same study, the reason for the approach being effective in the training of adults is explained as, "a means of providing learning experiences; it seeks to elicit an awareness of that knowledge and to make it useful to the individual's present situation." This strategy is critical as each situation direct care staff are trained for is different. Training will help people learn to work through situations logically. This strategy gave introductory information to state purposes and rationale followed by training sessions to specifically outline delivery suggestions. Through this method,

learners are provided with basic knowledge. A study by Zaharia (1978:586) found that, "At the initiation of training, the therapy aids usually chose the higher functioning residents who were most likely to succeed." This method of hands-on learning provided learners with a specific set of guidelines for individual residents as compared to the presentation of rationale and theory of actions.

Previous orientation training used at this facility involved eight to ten hours of lecture and three hours of the state mandated dependent person abuse training. The focus was aimed at policy, procedure, rules and regulation. In the study of a similar setting, Doriety (1987:16) suggests that, "It is evident from an analysis of the expanded scope of the job that if training is to affect problems with such multiple dimensions as found in cottage group life, it is not sufficient to set up meetings where staff are talked at." Doriety also debated if classroom training for new employees was the solution or on-the-job training provided a better basis. His final project involved a five day curriculum whereby, "new employees were introduced to a new concept each day and a review of it the next." Doriety (1987:17). He further states that, "new workers were scheduled to meet with a unit supervisor for 45 minutes prior to the duty day to review the events of the previous day and to preview the schedule for the

present day." Doriety (1987:10).

### Solution Strategy

The results of each study demonstrated a reduction in staff turnover at each setting. By combining a number of the ideas presented in the reviewed literature, a plan for improving staff performance and reducing turnover can be developed. It is essential to a program to have staff with both developed self-confidence and self-awareness. Because the population served is so varied and diverse, good staff need to know not only how to function in given situations, but why. They need the ability to see the broad picture and how their role fits into the total scope of services.

This writer developed a training program that focuses on both the client and the staff. This was done in a format combining both lecture and hands-on experience. This method has been chosen because no one can operate in a vacuum. The effective staff needs not only to know their own personal strengths and needs in relation to the program, but also the clients they serve and their uniqueness. It is known that students of all ages learn from a variety of instructional modes. After discussing the orientation and turnover concerns with other department heads, this writer found similar concerns in all departments. Each department is currently segregated, learning only what directly relates to their specific job. It is imperative that all staff understand the agency mission, philosophy and client goals. All directors were

enthusiastic to take an active part in the development and provision of a new orientation program. It was jointly agreed that new staff would receive a full 40 hours of training before being scheduled for direct duty. Information and direct application strategies were presented on all areas of staff responsibility. The training emphasized the interrelationship of staff duties instead of making a clear separation of responsibilities. Each department developed the agenda for their training session to ensure all critical information was included. A pre-test was given to all new staff and the results were then compared to the post-training test results. This measured the effectiveness of the lecture materials. To measure on-site improvements, direct supervisors were asked to evaluate the performance of new staff on-site. Through the use of these two evaluations, training was modified to expand on areas where performance was lagging. To measure reduction in turnover, personnel records were evaluated, exit interviews conducted and terminations monitored. This process required the input of administrative staff and the assistance of direct care staff. A new position was defined to facilitate this process. Current job duties were evaluated and responsibilities shifted to set up a system whereby an administrative person, with the cooperation of all department heads, scheduled and facilitated orientation. The proposal was presented to the

Executive Director and was warmly received and endorsed. All segments of the orientation were videotaped so orientation took place on a regular schedule, regardless of individual presenter interferences. All handouts and information were duplicated and assembled by the staff and clients of the adult day training component of the program. This provided both a cost effective method of production and, at the same time, provided a functional job for the clients. As materials needed adaptation, these changes were able to be quickly and effectively made in-house.

#### Implementation Plan

Initial approval for the program was sought by this writer from the Executive Director. Following the consent to proceed a presentation was made to the Executive Session Directors. After describing the proposed plan to them, a time line was distributed and each director was asked to outline their proposed topics, choose their presenters and schedule a taping date. The Executive Session Directors were then asked to review the generated topics and add additional information or delete duplicated subjects. Taping the segments took much longer than initially planned. Each department was attempting to work the development, presentation and editing into an already busy schedule. This resulted in an expansion on the initial time line. In addition, the original plan left very little time to combine the taped segments into a functional,

natural progression of information. This step required many hours of combined effort with the department staff. Following the taping and material duplication, the Executive Session Directors again reviewed the proposed plan and suggested modifications. These suggestions included adding more segments of actual examples being carried out in the appropriate setting. An example is the demonstration of van lift operation as compared to a narration of the process. Another suggestion was to have the Executive Director make an opening segment which includes the professional expectations for the staff. These modifications were implemented and a full practice run was held with the program services department staff. After this session, no additional changes were made and the first time trial kinks were worked through. The film sequence was laid out and the paperwork to accompany each segment was matched. Each session ran for one week beginning on a Monday morning and finishing on a Friday afternoon. Each session went through a series of three evaluations. The first took place following one week of scheduled on the job work, the second at the end of the second week on the job, and the third after four weeks on the job. Sessions one through six ran consecutively. At the start of the seventh week a mid-term evaluation was completed. This evaluation included department heads, coordinators, and the Executive Director. Turnover rates,

including resignations and terminations, as well as performance evaluations were analyzed. Following this analysis a few changes were made in the program. One major change involved the use of the pre-test and the post-test. The test was redesigned to follow the taped sections as a pre-test. An additional copy was used as an orientation guide and note taking outline and then administered as a post-test. In addition, the policy manual was revised and reprinted to include the most current policies. This new book required a staff deposit to be reimbursed when the employee was no longer employed by this agency, and a signature sheet indicating that they had indeed received, read and understood the agency policies.

These changes were made and the program continued through the tenth session. Following the full evaluation of the tenth session, the objectives were measured, personnel records examined and staff interviews concluded. After the results were tabulated, a report was made to the Executive Session Directors.

#### Calendar Plan

March 6, 1989- Presentation made to Executive Session Directors.

March 7, 1989- Distribution of time line information to begin session development.

March 16, 1989- Group review of outline.

March 17, 1989- Begin taping and printing handouts.

April 17, 1989- Finish videotaping and handouts.  
April 18, 1989- Executive Committee review of progress  
 and propose modifications.  
April 24, 1989- Practive session run with department  
 coordinators.  
May 1, 1989- Trial run on existing staff.  
May 8, 1989- Changes and modifications made from trial  
 run group.  
May 15, 1989- Start session 1.  
May 19, 1989- Finish session 1.  
May 22, 1989- Start session 2.  
May 26, 1989- Finish session 2, evaluate session 1.  
May 29, 1989- Start session 3.  
June 2, 1989- Finish session 3, evaluate sessions 1 and  
 2.  
June 5, 1989- Start session 4.  
June 9, 1989- Finish session 4, evaluate sessions 2 and  
 3.  
June 12, 1989- Start session 5.  
June 16, 1989- Finish session 5, evaluate sessions 1, 3  
 and 4.  
June 19, 1989- Start session 6.  
June 23, 1989- Finish session 6, evaluate sessions 2, 4  
 and 5.  
June 26, 1989- Start session 7. Start of mid-term  
 evaluation.

June 27, 1989- Evaluation meeting of department heads, coordinators and the Executive Director to evaluate mid-term results and recommend changes.

June 30, 1989- Finish session 7, evaluate sessions 3, 5 and 6.

July 10, 1989- Start session 8. New modifications in place from mid-term evaluation.

July 11, 1989- Presentation to executive staff on the implemented modifications.

July 14, 1989- Finish session 8, evaluate sessions 4, 5, 6 and 7.

July 17, 1989- Start session 9.

July 21, 1989- Finish session 9, evaluate sessions 5, 7 and 8.

July 24, 1989- Start session 10.

July 28, 1989- Finish session 10, evaluate sessions 6, 8 and 9.

August 4, 1989- Evaluate sessions 7, 9 and 10.

August 11, 1989- Evaluate sessions 8 and 10.

August 18, 1989- Evaluate session 9.

August 25, 1989- Evaluate session 10.

August 28, 1989- Begin evaluation of objectives.

August 30, 1989- Begin evaluation of personnel records.

September 5, 1989- Start interviews of project staff.

September 12, 1989- Final evaluation, results to Executive Session Directors.

Follow-On

Following the evaluation, the team again met to make recommendations for the continuation and modification of the project. This project may be submitted for presentation at state conferences for agencies having similar problems and this report may also be made available for other state agencies to preview at the meeting for Residential and Rehabilitation Facilities.

## Chapter 5

### RESULTS, CONCLUSIONS AND RECOMMENDATIONS

#### Results

Following the implementation of this orientation and training program, numerous useful techniques have been incorporated. Progress was made towards the primary goal of reducing staff turnover. The following breakdown of the identified objectives will outline the project's success.

1) A total staff turnover reduction of 40 percent as evidenced by personnel records was not fully achieved. Upon final analysis of personnel records the total turnover reduction rate was 34.12 percent. This includes terminations, transfers out of the department and voluntary resignations.

2) Staff commitment to the clients and agency as demonstrated by a 20 percent reduction in terminations was achieved. The goal of 20 percent was more than doubled with a surprising final 43.33 percent decrease in terminations.

3) The estimated 20 percent reduction in resignations due to client frustration was more than achieved. The tally on voluntary resignations during this period was a 36.73 reduction.

4) Improvement on client interaction skills as measured on the active treatment evaluation forms was targeted at a

five point improvement. This goal was surpassed with the final average evaluation measuring a 7.6 point improvement for staff performance.

5) Newly trained staff were projected at gaining a 40 percent higher level of knowledge about the population being served based on pre-orientation and post-orientation test results. This goal was again surpassed with the average margin of total overall improvement at 69.8 percent.

### Conclusions

After analyzing the final data and tabulating the outcome of the goals, the program did prove to be successful. The total turnover rate of staff decreased by 34.12 percent. Though this did not meet the 40 percent goal, the rate is remarkable in that it took place during our most critical staffing period. During the months of June, July and August we typically employ numerous college students that are on educational break. This cost to the agency is high, however the development of professionals that have a demonstrated interest in the population is critical. Considering that these staff accounted for 14 of the total 56 that turned over, our salvage of staff was notable. Of those staff that did turnover, the number of terminations was reduced by 43 percent. In dealing with the disciplinary action process and in unemployment hearings regarding these terminated staff our action base

was stable. We were able to consistently reference where in the training pertinent information was addressed and we were able to prove that staff had been clearly informed of policy and procedure. Though we suffered the termination cost, we were able to win 100 percent of the unemployment cases, thus saving dollars in the long run. For the staff that did voluntarily resign we saw a direct reduction of resignations due to inability to deal with the population served. The staff that voluntarily resigned cited causes unrelated to clients in 82 percent of their interviews. According to a 1987/1988 study conducted by the Minnesota Department of Employee Relations, NAPRR (1989:11), "There is a significant relationship between staff turnover and average hourly pay for direct-service staff in facilities that serve people with mental retardation and other developmental disabilities." This study went on to cite, "that every \$1.00 increase in average hourly pay results in a decrease in turnover of 2.6 percent."

Other positive effects of the training program were seen by both agency staff and visitors (parents, social workers and survery agencies) to the program. One of the most significant improvements was noted by the on-site supervisors in charge of the new staff. They related a more professional and optimistic employee was being turned out of the orientation program. The staff demonstrated more self assurance and less hesitation to begin client

interaction. In addition, it was noted that these employees viewed their job more professionally and took their responsibilities more seriously. On-site supervisors felt their time with the new employees was more efficiently used and they were able to give more quality role model time than before. A final positive theme the supervisory staff detected was a more consistent base of knowledge from their new staff. They did not need to spend time determining who had been trained in which areas or ensuring that all policy and agency related matter had been fully covered. From this set of on-site supervisors the negative comments were few and centered primarily on the fact that the program covered five days and they frequently wanted to pull the staff in training to fill vacant positions.

Feedback from the administrative personnel was much the same as from the on-site supervisory staff, but also concluded that the attitude of the new staff was improved. The newly trained staff recognized administrative people and greeted them. They were less hesitant to seek clarification and more apt to address a concern than to ignore one. Administrative staff had an overall impression that the agency property was being respected more and the destruction of plant and program supplies was lessened.

As a body, the involved staff concluded that the project was successful and the with on-going modifications it would continue to improve staff performance. This group

concluded that the new staff absorbed the material in stages which were not observable in the shorter disjointed orientation program. At the start, new staff appeared frustrated with the wealth of new information. It was at this point the trainer needed to spend more time and offer more support. During the next segment the new staff seemed to learn very quickly. They related ideas to examples, seemed relaxed and showed more of their personality. In the next segment, the new staff appeared to be on a constant level but for two reasons. Some seemed to have lost their early motivation and settled into a routine, while the others tried to practice using what was already learned. Once the new staff were done with the formal training sessions and into their scheduled pattern, they seemed to be confident of their skills and understanding of the knowledge learned. During the first week of actual job duties fewer questions were raised but in the second week this peaked. At this point new staff were questioning specific techniques, suggesting new ideas and seeking refinement skills from peers.

#### Recommendations

Throughout all phases of planning, preparing and implementation the project staff generated new ideas. Some were incorporated after the mid-term evaluation, others were idealistic and needed to be incorporated into future budgeting plans and some will be implemented immediately.

Though turnover was cut down, the majority of the staff that voluntarily resigned did so during orientation. This is not only expensive to the agency in terms of pay and materials cost, but expensive in personnel hours. Orientation time will be altered to be run as a staff and agency contract. This contract will offer orientation wages which will be paid to the employee upon completion of the first full week of formal orientation. If the staff member breaks the contract, these wages will save the agency the man hours and cost of setting them up in the payroll. In addition, a reward will be offered after six months of employment which will pay staff the dollar difference between the orientation hourly pay and regular starting wages for the week of orientation. This will hopefully be an encouragement for staff to remain longer.

All staff agreed that the orientation facilitator is a critical person and the time commitment requires a full time position. A job description must be developed and an orientation facilitator budgeted for. This person's full time responsibilities will be for organizing, preparing for, facilitating and evaluating the orientation program. This will increase the consistency and assist in providing a professional organized introduction to our agency.

Another long term project underway is to work with local colleges in setting up a system of college credit for the course work completed. The eventual goal is for the

agency to assist staff in obtaining as Associates of Arts Degree in training and habilitation.

Within the training session themselves alterations have been made. The pre- and post-test is being revised to provide not only a measure of learned material but to be used as a course syllabus. Staff will take the pre-test, get a second copy that will serve as a guide and note taking tool throughout the program and then use a third copy as their post-test. Modifications are also being made to the personnel policy manual. It became evident that the existing manual had changes made and it confused the staff to have printed manuals with loose updated documents. The new manuals can be updated and will be turned in following termination of employment. The final page of this manual is a signature sheet indicating the receipt and the understanding of critical policies. This aids in both the disciplinary and unemployment process. Final recommendations included using the identified learner stages to enhance training. Learning will be broken up to eliminate weighty paper work and documentation requirements from the first phase. This seemed too overwhelming to process and for those new to the field, the concepts being covered were too vague. During other stages, role modeling, acting out and simulations will be incorporated to provide practice for the learned ideas.

This type of program will never be complete because

learning styles will change as agency needs develop. The program was an excellent project to bring all departments together, identify agency wide needs and provide more support to both existing and new staff members.

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Appendix

## Personnel Records

To calculate the rate of direct care staff turnover, employee records were examined from May through October of 1988. Data is based on the average of 160 full time positions.

|                                     | Number<br>of Staff | Percentage<br>of Total<br>Staff |
|-------------------------------------|--------------------|---------------------------------|
| Transfers to Other Departments----- | 6-----             | 3.75%                           |
| Voluntary Resignations-----         | 49-----            | 30.62%                          |
| Terminations-----                   | 30-----            | 18.75%                          |
| Total Number of Staff Leaving-----  | 85-----            | 53.12%                          |

## Appendix B

### Exit Interviews

The attached form is used at the agency to interview employees leaving employment. The results of the collected data are summarized on the following form.

## EMPLOYEE EXIT INTERVIEW

NAME 85% of persons that voluntarily DEPARTMENT \_\_\_\_\_  
resigned or were terminated.  
 SOCIAL SECURITY NO. \_\_\_\_\_ JOB TITLE \_\_\_\_\_

TYPE OF TERMINATION: RETIREMENT \_\_\_\_\_ DISCHARGE \_\_\_\_\_  
 RESIGNATION \_\_\_\_\_ LAYOFF \_\_\_\_\_

REASON(S) FOR SEPARATION: 42% frustration with client behavior or  
the stress of active treatment. 23% had not been prepared  
for the severity of handicapping conditions. and 14% reasons  
beyond agency control (family, college, relocation or higher  
wage offered).  
 MOST REWARDING ASPECTS OF WORK AT NCHS Getting to know other staff.  
clients, money.

LEAST REWARDING ASPECTS OF WORK AT NCHS: Client behaviors, gossip of  
staff, job stress, extra hours, constant turnover of staff.  
low pay and too much to learn.

RECOMMENDATION(S): Keep staff longer, pay better, get easier to  
work with residents, and hire more staff.

EMPLOYEE'S SIGNATURE/TITLE \_\_\_\_\_

DATE \_\_\_\_\_

RECORDER'S SIGNATURE/TITLE \_\_\_\_\_

DATE \_\_\_\_\_

## Appendix C

### Active Treatment Survey

The following two pages are the survey tool used by the agency to measure staff knowledge of client and program. The first page measures the individual staff person's knowledge and the second page is used to evaluate an entire program area.

## STAFF QUESTIONNAIRE WORKSHEET

STAFF MEMBER: \_\_\_\_\_ TRAINING AREA: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

| QUESTIONS: Was the Staff Member able to:                                                                                                                           | NA | YES | NO | COMMENTS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|----------|
| 1. How have you organized yourselves to manage your area?                                                                                                          |    |     |    |          |
| 2. Explain where each resident assigned to the training area was physically located and what they were supposed to be doing?                                       |    |     |    |          |
| 3. Explain where his/her co-workers were located and what they were doing?                                                                                         |    |     |    |          |
| 4. Explain and demonstrate procedures for management of self-stimulatory and self-abusive behavior?                                                                |    |     |    |          |
| 5. Explain and demonstrate procedures for management of resident-to-resident abuse?                                                                                |    |     |    |          |
| 6. Where is the activity schedule located and how is it used?                                                                                                      |    |     |    |          |
| 7. Name the residents in the training area who demonstrate self-stimulatory and/or self-abusive behaviors? Identify the specific behaviors for one of those named. |    |     |    |          |
| 8. Name the residents in the training area who are on behavior management programs.                                                                                |    |     |    |          |
| 9. Explain the purpose of personal-activity time for residents and how staff deal with residents during this time?                                                 |    |     |    |          |
| 10. Explain and demonstrate the behavior management program of a resident regarding:                                                                               |    |     |    |          |
| a) behaviors to be increased?                                                                                                                                      |    |     |    |          |
| b) behaviors to be decreased?                                                                                                                                      |    |     |    |          |
| c) reinforcers used?                                                                                                                                               |    |     |    |          |
| d) interventions used?                                                                                                                                             |    |     |    |          |
| 11. What informal behavior management procedures are used?                                                                                                         |    |     |    |          |
| 12. Explain the resident's IEP regarding the priority focus of the IEP?                                                                                            |    |     |    |          |
| 13. Locate and explain the purpose of the deviation board.                                                                                                         |    |     |    |          |
| * To be used only with Developmental Training                                                                                                                      |    |     |    |          |

## ACTIVE TREATMENT SURVEY FORM:

OBSERVER: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ FAMILY DESIGNATION: \_\_\_\_\_

|                                                                                                                                                                                | OBSERVED | NOT OBSERVED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| 1. Was activity schedule posted?                                                                                                                                               |          |              |
| 2. Was an activity in progress?                                                                                                                                                |          |              |
| 3. (If no, go to #16)                                                                                                                                                          |          |              |
| 3. Was it the scheduled activity?                                                                                                                                              |          |              |
| Was family group identifiable?                                                                                                                                                 |          |              |
| 4. (If unit-wide activity, go to #7)                                                                                                                                           |          |              |
| 5. Total number of staff directly working with the family:                                                                                                                     |          |              |
| 6. Total number of clients in family group:                                                                                                                                    |          |              |
| 7. Was number of staff appropriate for activity?                                                                                                                               |          |              |
| 8. Were staff not involved with clients appropriately absent?                                                                                                                  |          |              |
| 9. Were current activities available in a book?                                                                                                                                |          |              |
| 10. Schedule incorporates nursing care and services?                                                                                                                           |          |              |
| 11. Is Activity in progress a trained activity?                                                                                                                                |          |              |
| 12. Clients offered opportunity to make choices?                                                                                                                               |          |              |
| 13. Deviation board is posted and utilized?                                                                                                                                    |          |              |
| 14. Could Staff member accurately describe activity?                                                                                                                           |          |              |
| 15. Was activity effective?                                                                                                                                                    |          |              |
| 16. Total number of staff in direct contact with clients:                                                                                                                      |          |              |
| 17. Total number of clients present in the area:                                                                                                                               |          |              |
| 18. Was TV on without scheduled purpose?                                                                                                                                       |          |              |
| 19. Was radio or stereo on without scheduled purpose?                                                                                                                          |          |              |
| 20. Did observer (you), have to intervene to prevent harm?                                                                                                                     |          |              |
| 21. Remains on task rotating attention among all residents.                                                                                                                    |          |              |
| 22. Stands/sits/moves as instructed.                                                                                                                                           |          |              |
| 23. Prompts behavior as needed (verbal, modeling, gestural, physical).                                                                                                         |          |              |
| 24. Praise is given: A. According to schedule<br>B. Includes a superlative<br>C. Names the behavior<br>D. Is enthusiastic<br>E. Is immediately followed by tangible reinforcer |          |              |
| 25. Activity is performed as written.                                                                                                                                          |          |              |
| 26. Staff used teacher/friend/protector tone at all times.                                                                                                                     |          |              |
| 27. Staff gave at least 3 praising/positive statements for every correcting/negative one.                                                                                      |          |              |
| 28. Staff followed individual programs.                                                                                                                                        |          |              |
| 29. If disruption in activity occurred, the activity was restored for the majority of clients within 5 minutes.                                                                |          |              |
| 30. Potentially injurious or self-stimulatory behavior was followed by intervention.                                                                                           |          |              |
| 31. Privacy was maintained.                                                                                                                                                    |          |              |
| 32. Appearance of residents was good (clean, well-groomed, odor free).                                                                                                         |          |              |
| 33. LU/Program site was free from environmental hazards.                                                                                                                       |          |              |
| 34. Activity matches schedule.                                                                                                                                                 |          |              |
| 35. Materials available prior to implementation:<br>( ) Reinforcement<br>( ) Activity Materials                                                                                |          |              |
| 36. Staff positioned according to activity and evenly spaced among residents.                                                                                                  |          |              |
| 37. Assigned residents within family seated together.                                                                                                                          |          |              |
| 38. Enough materials for each client in activity?                                                                                                                              |          |              |
| 39. Staff has read and is able to answer pertinent questions concerning the activity (how, why, where, etc.).                                                                  |          |              |
| 40. Rotates attention among assigned residents at least every _____ minutes.                                                                                                   |          |              |

Implementation Date: 3/25/87

## Appendix D

### Other Agency Interviews

The following page outlines questions that were asked of ten administrators throughout the state. These administrators are from similar settings as the agency. Their responses are outlined following the questions.

Phone interview questions:

1. What population do you serve?

Of the ten agencies contacted, mild, moderate, severe/profound mentally retarded people, mentally ill and medically fragile persons were served.

2. How are you funded?

All agencies operate on a combination of state, county, and federal dollars with additional income derived from donations.

3. Are you a for profit or a not-for-profit agency?

Nine of the ten agencies operate as not-for-profit.

4. List the top three concerns for clients in your setting.

- a) seven of ten indicated that staff turnover was a number one concern in the delivery of services to clients.
- b) other factors-low funding, school integration.

5. List the top three concerns for staff in your setting.

- a) again seven of ten indicated that staff turnover was a major problem for remaining staff.
- b) other factors-low pay, hard client behaviors, difficult shifts to fill, and changing regulations.

6. List the top three concerns for administration in your setting.

- a) staff turnover.
- b) funding
- c) changing regulations
- d) referrals for children
- e) finding consultative staff
- f) difficult to find nursing personnel